DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Docket Number: 1095

As a below named inventor, I hereby declare that:

one name is listed below) or ar	n original, first and joint i e invention entitled "Rem	is stated below next to my name nventor (if plural names are liste novable Window Insulator" the s	ed below) of the subject r	matter which is claim		
was filed on		as United States Application	United States Application Number or PCT international Application Number			
and was an	nended on	(if applicable).				
referred to above. I acknowledge the duty to disc I hereby claim foreign priority b	lose information which is penefits under Title 35, U	contents of the above-identified material to patentability as def Inited States Code, sec 119 of a application for patent or inventor	ined in Title 37, Code of any foreign application(s)	Federal Regulations) for patent or invente	s, sec. 1.56. or's certificate	
Prior Foreign Application(s)		Priority Claimed		Von	Na	
(Number)	(Country)	(Day/Month/	Year Filed)		Yes No Yes No	
(Number)	(Country)	(Day/Month/	Year Filed)	165	_ 140	
		ose information which is materia ate of the prior application and t (Filing Date)	he national or PCT intern		f this application.	
(Application Number)		(Filing Date) (Status: pate		atented, pending, ab	andoned)	
Donald J. Ersler Reg. #38753 I hereby declare that all staten true; and further that these s	, Telephone No. (262) 7 ments made herein of my tatements were made v ection 1001 of Title 18 of	application and to transact all by 785-0160 Address: 725 Garver of own knowledge are true and the knowledge that willful of the United States Code and the tent issued thereon.	ns Avenue, Brookfield, W that all statements made false statements and the	Visconsin 53005 on information and b he like so made are	belief are believed to be	
Full name of sole or first inventor's Signature X Residence: 6054 Leprechaun Post Office Address: (same a	Lane, Hartford, Wiscons	h-	Date ×8/7/0	2 3 zenship: USA		
Full name of second inventor (Inventor's Signature Residence: Post Office Address: (same as	Ci s above)	e) itizenship: USA ly number sheets attached here	Date			
	J on populato	.,				